



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E320713**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	14-00907
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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DATE OF COLLISION	04	14	2014	TIME (2400)	2002	COUNTY #	31	MILES	0	N <input type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
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LAKE VIEW DR	BLOCK NO. <input checked="" type="checkbox"/>	10800	MILE POST	
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DISTANCE		MILES	0	N <input type="checkbox"/> E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)		S <input type="checkbox"/> W <input type="checkbox"/>
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253355614
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LAST NAME	HEINZER	FIRST NAME	NATHANIEL	MIDDLE INITIAL	C
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STREET NEW ADDRESS	14329 28TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	HEINZNC063JM	STATE	WA	SEX	M	D.O.B.	04	14	1994
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	AHN8249	STATE	WA	VIN#	1Y1SK5489XZ411687
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	CHEV	MODEL	PRIZM/L	STYLE	4T	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **NATHANIEL HEINZER 2528 WELLS WAY CAMANO ISLAND WA 98282 D: 4253355614**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 0566-76-67-05
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4257918293
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LAST NAME	LUCADO	FIRST NAME	VICTORIA	MIDDLE INITIAL	L
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STREET NEW ADDRESS	12506 16TH ST NE #A6
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	LUCADVL192JK	STATE	WA	SEX	F	D.O.B.	04	12	1981
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	UNKNOWN
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LICENSE PLATE #	AKF0950	STATE	WA	VIN#	JT3VN39W0P0101327
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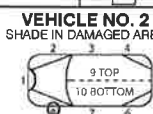
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1993	MAKE	TOYT	MODEL	4RUN	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TOP NOTCH	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **VICTORIA LUCADO PO BOX 316 EVERETT WA 98206 D: 4257918293**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	MIDDLESEX INSURANCE COMPANY 474556736
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	D. PLANALP	BADGE OR ID #	102	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E320713**

CASE # **14-00907**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MCCAULEY SHAWN M																
ADDRESS & PHONE #		12506 16TH ST NE #6A LAKE STEVENS WA 98258						SEX	M	D.O.B. MMDDYYYY	02	23	1975					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		OSBURN RACHEL																
ADDRESS & PHONE #		1118 16TH PL SE LAKE STEVENS WA 98258 7193590252						SEX	F	D.O.B. MMDDYYYY	08	23	1977					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

V-1 was driving westbound in the 10600 block of Lake View DR. V-2 was driving eastbound in the 10600 block of Lake View DR. W-1 was driving behind V-2. V-1 crossed over the center double yellow line and collided into the front driver side of V-2 with the front driver side of V-1. V-2 was hit and stopped in the ditch. W-1 and a passenger in V-2 stated that they think V-1 was driving to fast down the hill. V-1 stated that he thinks his front driver side tire blew out and thats what made him cross the center line and collided into V-2.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: CROSSED DOUBLE YELLOW LINE

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-15-14 12:36 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

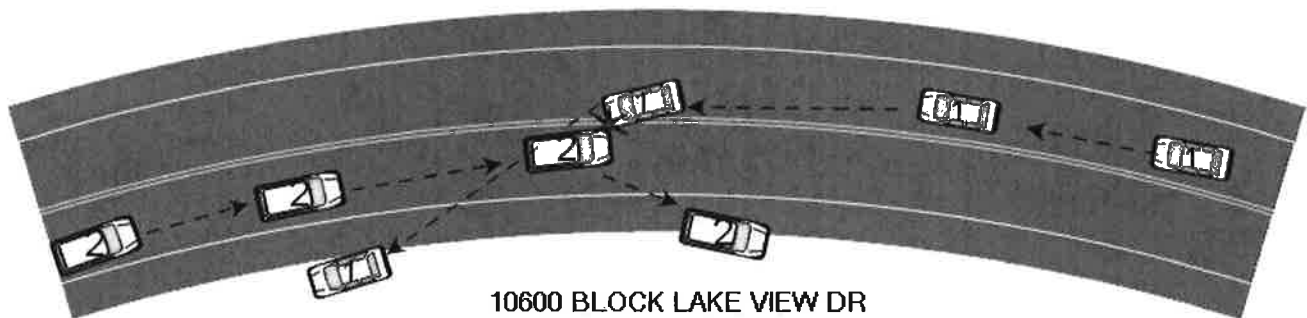
DATE

4/15/2014 5:02:04 AM

BADGE OR ID #	102	ORI #	WA0311900	TIME POLICE DISPATCHED	8:03 PM	TIME POLICE ARRIVED	8:10 PM
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NOT TO SCALE



10600 BLOCK LAKE VIEW DR





ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number D. PLANA LP #102		Case Number 14-00907	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: VEH COLLISION		Date/Time: 4-18-11/0041	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # 1	Item CD WITH PICS		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Action # 3	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-00907

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Osburn, Rachel</u>	RACE <u>W</u>	ETH	SEX <u>F</u>	DOB <u>8/23/77</u>	AGE <u>36</u>	HGT <u>5'4"</u>	WGT <u>170</u>	HAIR <u>Bl</u>	EYES <u>BR</u>
STREET ADDRESS <u>11118 16th pl SE</u>		CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		RES. STATUS		
HOME PHONE		CELL PHONE <u>719-359-0252</u>		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

While driving up Lundeen Pkwy I witnessed a silver sedan swerve into my lane and hit (head on) the SUV (white) in front of me. Both vehicles ended up on the side of the road disabled.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Rachel Osburn</u>	DATE SIGNED <u>4/14/14</u>	LOCATION SIGNED
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED <u>4-14-14</u>	LOCATION SIGNED <u>LAKE STEVENS, WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
14-00907

VEHICLE INFORMATION

VIN

J T 3 V N 3 9 W 0 P 0 1 0 1 3 2 7

LICENSE
AKF0950STATE
WASHINGTONYEAR
1993MAKE
TOYOTAMODEL
4RUN

☐ Report of Sale
 MILEAGE ☐ Digital
 UNREADABLE

STYLE
 UTILITY

COLOR
 WHITE

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

LUCADO, VICTORIA L

NAME (LAST, FIRST, MI)

LUCADO, VICTORIA L

NAME (LAST, FIRST, MI)

RELIABLE CREDIT ASSOC, INC

STREET ADDRESS

12506 16TH ST NE #A6

STREET ADDRESS

PO BOX 316

STREET ADDRESS

PO BOX 836

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

CITY, STATE, ZIP CODE

EVERETT, WA 98206

CITY, STATE, ZIP CODE

LYNNWOOD, WA 98046

PHONE

(425)791-8293

DOB

4/12/1981

PHONE

(425)791-8293

PHONE

AUTHORIZATION AND RECEIPT

ON 4/14/2014 AT 20:40 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS

IN THE DESCRIBED VEHICLE, I AUTHORIZED

TOP NOTCH

5705-002

DRIVEN BY

BILLY BLACKBURN

TO REMOVE THIS VEHICLE FROM

10600 LAKE VIEW DR

(DRIVER'S PRINTED FIRST AND LAST NAME)

(LOCATION)

EQUIPMENT

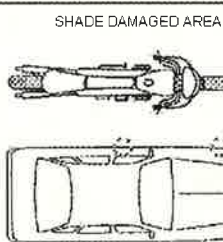
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☐ [] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

- ☒ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☒ L FRONT
☒ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____



MISC ITEMS

NARRATIVE OR DIAGRAM

(List reasons(s) for impound.)

Vehicle was involved in collision and undrivable.
Driver was transported to the hospital.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

D. Planalp

SNOHOMISH, WA

102

Lake Stevens PD

3000-110-076 (R 07/13)

COUNTY, WA

BADGE NO

AGENCY

LSPD
ORIGINAL